PRIVATE FIRE HYDRANTS
5-YEAR REPORT

Inspection, Testing, and Maintenance Cover Sheet
NFPA 25 as amended by CCR, Title 19

Property Information:

Name: _____ Occupancy /Use: _____

Address: _____ Construction Type: _____

City: _____ No. Stories: _____

ZIP: _____ Year Constructed: _____

Contact: _____

Telephone: _____

Contractor Information:

Name: _____

Address: _____

City: _____

State: _____

Telephone: _____

CA License# _____

Job # _____

Performed by: _____
(Print)

Note: Contractor information may be pre-printed

_____ Number of System Risers

Copy sent to:

□ Owner Date _____

□ Fire AHJ Date _____

□ Contractor Date _____

NOTES:

1) For specific inspection, testing, and maintenance requirements and information, see NFPA 25, 2002 Edition as amended by California Code of Regulations, Title 19, §901 to §906.

2) Inspection items may be performed by the Owner in accordance with California Code of Regulations Title 19 §904.1(a)

Forms included with this report	NFPA 25 Chapter	Number of Forms	N/A	FAIL*	PASS
☐ Automatic Sprinkler System	5				
☐ Standpipe and Hose Systems	6				
☐ Private Water Supply System	7				
☐ Fire Pump	8				
☐ Water Storage Tank	9				
☐ Water Spray System	10				
☐ Foam Water Sprinkler System	11				

*See "Deficiencies and Comments" section at end of each respective form.

CITY OF MOUNTAIN VIEW

Fire Department ▪ Fire and Environmental Protection Division ▪500 Castro Street ▪ City Hall - 4th Floor
Mountain View, California 94041-2010 ▪ 650-903-6378 ▪ FAX 650-903-6101

5-YEAR INSPECTION/TESTING/MAINTENANCE REPORT FOR PRIVATE FIRE HYDRANTS

(Updated 8/1/07)

(Use one form for each hydrant)

The California Fire Code allows the chief to require periodic testing of private fire hydrant systems. In Mountain View, private hydrants are required to be tested every 5 years and a record of the test maintained on the premises. This testing shall be conducted by a qualified California State Licensing Board Licensed Fire Protection Contractor (C-16), or a qualified California State Fire Marshal Licensed A (Type 1, 2 or 3) Concern.

Complete this form, along with State Fire Marshal Forms AES 1 and AES 4, and returned to the Mountain View Fire Department-Fire and Environmental Protection Division

Hydrant #: _____ Hydrant Location: _____

Inspector Name: _____ Inspector Phone: _____ Test Date: _____

□ Complete the attached site map to identify locations and designation for each on-site fire hydrant.

Test Procedure

Locate the residual hydrant and do the following:

- Flush the residual hydrant to eliminate sediment that may damage the gauge;
- Install the outlet cap equipped with the pressure gauge on the hydrant nozzle;
- Open the hydrant valve slowly until the air is vented, close the vent and open the outlet valve fully;
- Read the gauge. This is the static pressure reading. Record this reading below.

Locate the flow hydrant, attach the diffuser, and conduct the test as follows:

- Station one observer at the residual hydrant and one observer at the flow hydrant;
- Open the flow hydrant slowly until fully open;
- When the pressure at the residual hydrant is stabilized, the observer signals the person stationed at the flow hydrant to take the reading. The readings for residual pressure and the pitot gauge reading must be taken simultaneously. The air should be exhausted from the flowing hydrant before the reading is taken. For an accurate reading, hold the pitot gauge in the center of the nozzle, with the axis of the pitot gauge opening parallel to the direction of flow by inserting it into the large slot provided on the hydrant diffuser.
- Record the residual reading and the pitot gauge reading at each respective hydrant. Then slowly close the flow hydrant.

□ All underground and exposed piping was flow tested according to the above procedure to determine the internal condition of the piping.
Static pressure (psi) _____ Residual pressure (psi) _____
Water flow (gpm) _____ Barrel size (inches) _____

Site Map of On-Site Fire Hydrants: (include numerical designations and location of key valve)

Return completed form to:
City of Mountain View
Fire and Environmental Protection Division
500 Castro Street, City Hall –4th Floor
Mountain View, CA 94041-2010
Attn: Fire Marshal

Inspection, Testing, and Maintenance Private Fire Main Systems
NFPA 25, Chapter 7 as amended by CCR, Title 19

Date of Inspection, Testing, Maintenance: _____

Property Information:

Name: _____

Address: _____

_____

City: _____

Abbreviation Key:
I = Inspection
T = Test
M = Maintenance
A-O = After Operation
MI = Per Manufacturer's Instructions

Item	Activity	Frequency	Description	NFPA 25 Reference	Fail	N/A	Pass
1.1	I	Quarterly	Hose Houses	7.2.2.7			
1.2	I	Quarterly	Control Valves	12.3.2.1			
1.3	I	Quarterly	Pressure Regulating Devices	12.5.1.1 12.5.4.1			
1.4	I	Quarterly	Backflow Preventers	12.6.1			
1.5	I	Semiannually	Monitor Nozzles	7.2.2.6			
1.6	I	Annually	Hydrants (Dry Barrel and Wall)	7.2.2.4			
1.7	I	Annually	Hydrants (Wet Barrel)	7.2.2.5			
1.8	I	Annually	Mainline Strainers	7.2.2.3			
1.9	I	Annually	Piping (Exposed)	7.2.2.1			
1.10	I	See 7.2.2.2	Piping (Underground)	7.2.2.2			
2.1	T	Annually	Monitor Nozzles	7.3.3			
2.2	T	Annually	Hydrants	7.3.2			
2.3	T	Annually	Control Valve - Position	12.3.3.1			
2.4	T	Annually	Control Valve – Operation	12.3.3.1			
2.5	T	Annually	Backflow Preventer Assemblies	12.6.2			
2.6	T	Annually	Supervisory	12.3.3.5			
2.7	T	5 Years	Piping (Exposed and Underground) Flow Test	7.3.1			
2.8	T	5 Years	Pressure Regulating Valve	12.5.1.2 12.5.4.2			
2.9	T	5 Years	Fire Department Connection Backflush	12.7.4			
3.1	M	Annually	Mainline Strainers	7.4.2			
3.2	M	Annually	Hose Houses	7.4.5			

Inspection, Testing, and Maintenance Private Fire Main Systems **Page 2 of 2**
NFPA 25, Chapter 7 as amended by CCR, Title 19

Date of Inspection, Testing, Maintenance: _____

Property Information:

Name: _____

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_____

City: _____

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Item	Activity	Frequency	Description	NFPA 25 Reference	Fail	N/A	Pass
3.3	M	Annually	Hydrants	7.4.3			
3.4	M	Annually	Monitor Nozzles	7.4.4			
3.5	M	Annually	Control Valves	12.3.4			
3.6	M	Annually	Valves (All Types)	Chapter 12			

Item	**Deficiencies and Comments:** **Deficiencies and Comments Item number must correspond to the Item number of the Activity listed above:**

☐ See Continuation Page(s) _____ (Indicate the number of continuation pages)
☐ PASS
☐ FAIL

_____ _____
Signature Date